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Publication Title:

HEART VALVE OCCLUDER SUPPORTER AND A METHOD OF ATTACHMENT THEREOF

Abstract:

Abstract of GB 2254254

(A) An occluder supporter (1) is installed to the valve of a mammalian heart for preventing valve reflux by stitching attachments (5) to the edges of the occluder. At least one bridging piece (7) spaces the attachments (5) to maintain the edges of the occluder in a mutually close position. The bridging piece(s) are provided between the attachments in such a way as to traverse the valve aperture. A pair of end bridging pieces (7 as shown) or a central bridging piece (7 Figure 4) may be provided. In further embodiments three bridging pieces (27 Figure 3) radiate from a central point to respective attachments (25) or form a triangular structure (32 Figure 9) with attachments (25) at the apices.

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(56) Documents cited

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(58) Field of search

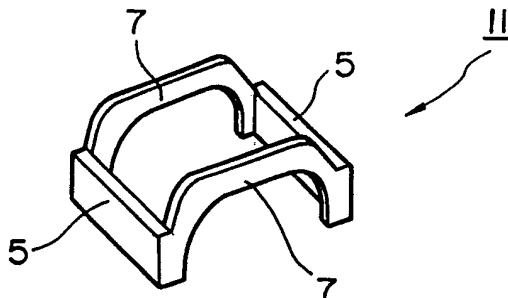
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INT CL⁵ A61F 2/24

(54) **Heart valve occluder supporter and a method of attachment thereof**

(57) An occluder supporter (1) is installed to the valve of a mammalian heart for preventing valve reflux by stitching attachments (5) to the edges of the occluder. At least one bridging piece (7) spaces the attachments (5) to maintain the edges of the occluder in a mutually close position. The bridging piece(s) are provided between the attachments in such a way as to traverse the valve aperture. A pair of end bridging pieces (7 as shown) or a central bridging piece (7 Figure 4) may be provided. In further embodiments three bridging pieces (27 Figure 3) radiate from a central point to respective attachments (25) or form a triangular structure (32 Figure 9) with attachments (25) at the apices.

FIG. 1



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FIG.1

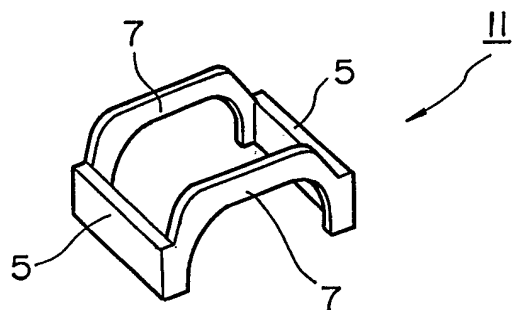


FIG.2

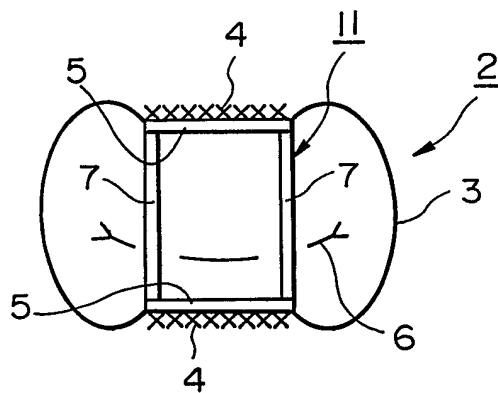


FIG.3

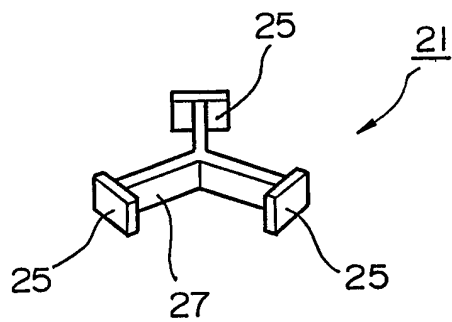


FIG.4

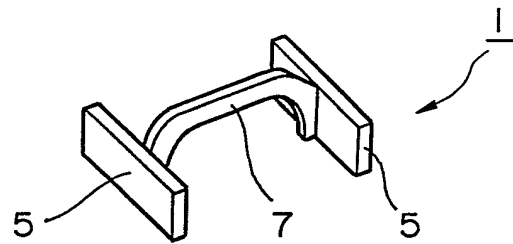


FIG.5

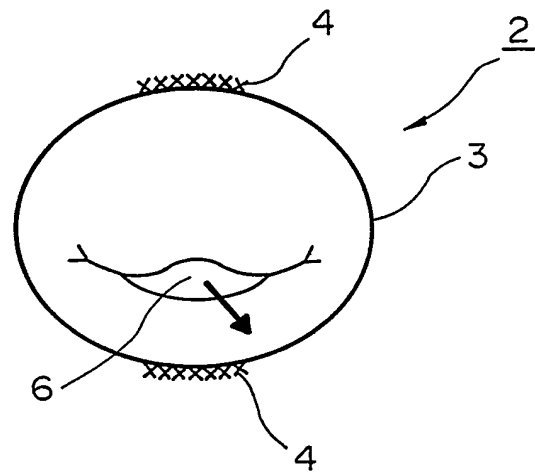
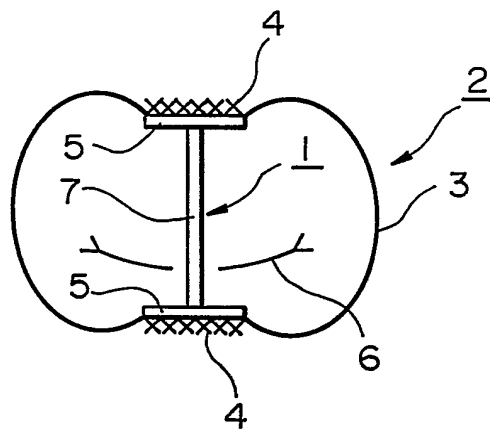


FIG.6



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FIG.7

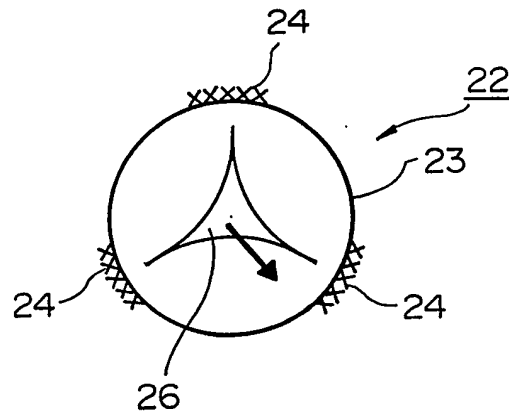


FIG.8

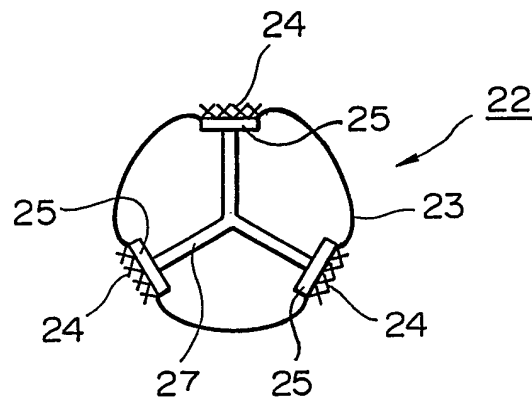


FIG.9

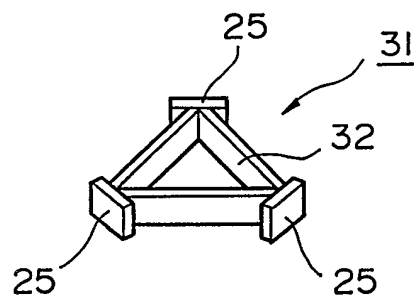
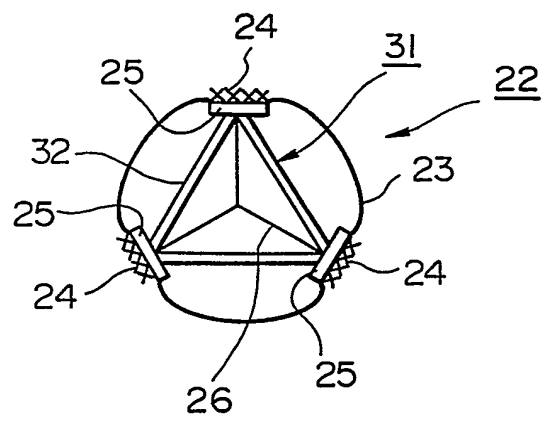


FIG. 10



OCCLUDER SUPPORTER AND A METHOD OF ATTACHMENT THEREOF

The present invention relates to a heart occluder supporter, and, in particular, to an occluder supporter which, through its provision to the valves of a mammalian heart, prevents blood from refluxing back through the valve.

There are four valves present in the mammalian heart. They are the tricuspid valve, the mitrial valve, the pulmonary valve, and the aortic valve.

The tricuspid valve is the valve located in the space between the right atrium and the right ventricle. The mitrial valve is the valve located in the space between the left atrium and the left ventricle. The pulmonary valve is the valve located in the space between the right ventricle and the pulmonary artery. The aortic valve is the valve located in the space between the left ventricle and the aorta. Of these, the tricuspid valve and the mitrial valve are called the ventricular valves.

A example of the mitrial valve and the aortic valve and an explanation of their function follows.

First, the case where the function of the mitrial valve is normal will be considered. During the contraction phase of the left ventricle, the mitrial valve is completely shut and the blood within the left ventricle is pumped to the aortic artery. During the relaxation phase of the left ventricle, the mitrial valve is completely open and blood flows into the left ventricle from the left atrium. If, for some reason, a situation occurs wherein the occluder of the bicuspid enlarges, or the chordae tendineae become extended or torn, the mitrial valve is unable to close completely, thereby resulting in a condition where a section of the valve aperture of the mitrial valve remains open. As a result, the opening and closing action of the mitrial valve is imperfect,

and a phenomena wherein blood refluxes from the left ventricle into the left atrium (valve reflux) occurs.

Next, the case where the function of the aortic valve is normal will be considered. During the contraction phase of the left ventricle, the aortic valve is completely open and the blood within the left ventricle is pumped to the aortic artery. During the relaxation phase of the left ventricle, the aortic valve is completely shut and blood flows into the left ventricle from the left atrium. As in the case given above for the mitral valve, if for some reason, a situation occurs wherein the occluder of the aortic valve enlarges, or the valve tip atrophies, the aortic valve is unable to close completely, thereby resulting in a condition wherein a section of the valve aperture of the aortic valve remains open. As a result, the opening and closing action of the valve is imperfect, and a phenomena wherein blood refluxes from the aortic artery to the left ventricle (valve reflux) occurs.

Valval transplant, valval suturing, and valvoplasty, are among the conventional methods of treatment to correct valve reflux.

Valval transplant is the method of excising the chordae tendineae of the valve tip and attaching an artificial valve or a donor valve to the remaining occluder. Valval suturing is the method of preserving the actual valve itself through suturing the occluder by sewing together one end of the occluder, or through setting the occluder by sewing on a ring to the occluder.

A variety of defects, however, are present in these methods.

For example, in valve substitution, the artificial or donor valve used is considerably expensive and has a short lifetime. Furthermore, in valve suturing and valvoplasty it is not possible to easily prevent valve reflux from occurring through the middle portion of the valve.

Accordingly, it is an object of the present invention to provide an occluder supporter which solves the problems encountered in the conventional technology and which can effectively prevent the occurrence of valve reflux.

In order to resolve the above problems, an occluder supporter is presented which can, by its installation in a mammalian heart valve, effectively prevent the occurrence of valve reflux. This occluder supporter has a plurality of stitched attachments which are attached to the edge of the occluder, and a support which supports the edges of the stitched attachments so that they are in a mutually close position and which is provided in the space between these stitched attachments so as to transect the valve aperture.

In this occluder supporter, the support holds the edges of the occluder in mutually close position while still providing a center space between them. As a result, even in the case where the occluder has enlarged, the valve can still shut completely and valve reflux can be prevented.

A device having a pair of stitched attachments, attached to the contralateral edges of the occluder, and a support, which holds and supports the contralateral edges in a mutually close position and is provided between the stitched attachments so as to transect the valve aperture, is preferable as an occluder supporter for provision to the ventricle side of the ventricle valve of the heart. Furthermore, it is preferable for the support to bend in such a way that it protrudes out on the ventricle side.

In an occluder supporter, the support holds and supports the contralateral edges of the occluder in a mutually close position while still providing for a center space between the contralateral edges. As a result, even in the event that the occluder has become enlarged or the chordae tendineae have become extended or torn, the aortic valve can still close completely during the contraction of the ventricle, preventing valve reflux. Furthermore, because the support bends in such a way as to protrude out on the atrium side, this support does not come in contact with the valve tip.

A supporter having three stitched attachments attached to each connecting part of the occluder and having a support which holds and supports these connecting part in a mutually close position and which is provided between the stitched attachments in such a way as to transect the valve aperture is preferable as an occluder supporter for provision to the aortic side of the aortic valve of the heart.

In this occluder supporter, the support holds and supports each connecting part of the occluder in a mutually close position, while still providing a center space between them. As a result, even in the event that the occluder has become enlarged or the valve tip has atrophied, the aortic valve can still close completely during the relaxation of the ventricle, preventing valve reflux.

Additionally, a method of attachment of the occluder supporter is proposed herein.

In this method of attachment of the occluder supporter, the support is disposed so as to create a condition wherein the edges of the occluder of a mammalian heart valve are held in a mutually close position, and so as to transect the valve aperture, and to these edges are attached stitched attachments. As a result, it is possible to easily and quickly attach the occluder supporter to the edge of the occluder.

The support is disposed in such a way as to transect the valve opening and to create a condition wherein the contralateral edges of the occluder of the ventricle side of the ventricle valve of a mammalian heart are held in a mutually close position, and the stitched attachments are attached to the aforementioned contralateral edges in order to attach the occluder supporter to the occluder of the atrium side of the ventricle valve. As a result, it is possible to easily and quickly attach the occluder supporter to the edge of the occluder.

The support is disposed so as to create a condition wherein the contralateral edges of the occluder of the atrium side of the ventricle valve of the mammalian heart are held in a mutually close position and so as to transect the valve

aperture, and the stitched attachments are attached onto the aforementioned contralateral edges in order to attach the occluder supporter to the occluder of the aortic side of the aortic valve. As a result, it is possible to quickly and easily attach the occluder supporter to the contralateral edges of the occluder of the atrial wall.

The following is a description of some specific embodiments of the invention, reference being made to the accompanying drawings in which: FIG.1 is a perspective diagram showing the occluder supporter of the first embodiment of the present invention:

FIG.2 is a schematic diagram showing the bicuspid valve as seen from the atrial wall of the heart.

FIG.3 is a frontal diagram showing the attachment of the occluder supporter of the first embodiment of the present invention to the bicuspid valve which is shown as seen from the atrial side.

FIG.4 is a perspective diagram showing a variation of the occluder supporter of the first embodiment of the present invention.

FIG.5 is a frontal diagram showing the attachment of a variation on the occluder supporter of the first embodiment of the present invention to the bicuspid which is shown as seen from the atrial side.

FIG.6 is a perspective diagram showing the occluder supporter of the second embodiment of the present invention.

FIG.7 is a schematic diagram showing the aortic valve as seen from the aortic side of the heart.

FIG.8 is a frontal diagram showing the attachment of the occluder supporter of the second embodiment of the present invention to the aortic valve which is shown as seen from the aortic side.

FIG.9 is a perspective view showing a variation of the occluder supporter of the second embodiment of the present invention.

FIG.10 is a frontal diagram showing the attachment of a variation on the occluder supporter of the second embodiment of the present invention to the aortic valve which is shown as seen from the aortic side.

An explanation of each of the preferred embodiments of the present invention, with reference to the figures, follows below.

First Embodiment

FIG.1 is a perspective view diagram showing occluder supporter 1 of the first embodiment of the present invention.

This occluder supporter is provided to the left atrium side of the bicuspid valve and is a device for preventing valve reflux. Occluder supporter 1 is comprised from stitched attachments 5,5 and support 7.

Stitched attachments 5,5 are a pair of tabular plate bodies sewed on to contralateral edges 4,4 of occluder 3 of the bicuspid valve 2 shown in FIG.2. Furthermore, support 7 is provided so as to traverse valve aperture 6 in the space between stitched attachments 5,5 and hold and support contra-lateral edges 4,4 in a mutually close position. Support 7 bends in an arc shape and has a streamlined rhabdome cross section.

The base substance of stitched attachments 5,5 and support 7 is comprised from Titanium (Ti), and the surfaces are coated with alumina (Al_2O_3), a ceramic which is antithrombotic and antihemolytic. Furthermore, the area of attachment between occluder 3 and stitched attachments 5,5 is covered with poly tetra fluoroethylene, an organic material which is antithrombotic and antihemolytic character.

Furthermore, in addition to Titanium, other noncorrosive metal such as Titanium alloy, stainless steel or the like may be appropriately used as the material for stitched attachments 5,5 and support 7. Additionally, in addition to alumina, other organically appropriate antithrombotic or antihemolytic ceramic such as hydroxyapatite can be used as the ceramic. And, in addition to poly tetra fluoroethylene, other antithrombotic, antihemolytic polyester and the like may be used as the organic material.

As is shown in FIG. 3, in order to attach occluder supporter 1 to occluder 3 of bicuspid valve 2, support 7 is

disposed so as to hold contralateral edges 4,4 of occluder 3 in a mutually close position and so as to traverse valve aperture 6. Stitched attachments 5,5 are attached to each contralateral edge 4,4.

Because the above occluder supporter 1 comprises stitched attachments 5,5 and support 7, it is possible for the mitrial valve to close completely during the contraction phase of the left ventricle. Accordingly, it is possible to prevent valve reflux.

Because support 7 is a rhabdome shape which bends in such a way as to protrude out on the left atrial side, it is possible to reduce the resistance offered to blood flow. Moreover, support 7 does not contact with the valve tip.

Because the surfaces of stitched attachments 5,5 and support 7 are covered with an aluminum material having antithrombotic and antihemolytic properties, it is possible to improve the biocompatibility of stitched attachments 5,5 and support 7. Furthermore, it is possible to markedly improve the durability of the occluder supporter without the occluder supporter itself becoming a cause of thrombosis or hemolysis.

In stitched attachments 5,5, because the area of attachment to occluder 3 is covered with poly tetra fluoroethylene, an organic material which is antithrombotic and antihemolytic, it is possible to improve the organic compatibility of stitched attachments 5,5, and to easily carry out the connection of stitched attachments 5,5 to occluder 3.

According to the method for attachment of occluder supporter 1, because support 7 is disposed so as to hold contralateral sides 4,4 of occluder 3 in a close position and so as to transect valve aperture 6, and because stitched attachments 5,5 are attached to each contralateral edge 4,4, occluder supporter 1 can be easily and quickly attached to contralateral edges 4,4 of occluder 3 of the atrium side.

FIG.4 is a perspective view showing a variation on the embodiment of occluder supporter 1.

In occluder supporter 11, two supports 7,7 are provided in parallel to stitched attachments 5,5.

As shown in FIG.5, occluder supporter 11 can be attached to occluder 3 of mitrial valve 2 by the same method as employed for occluder supporter 1.

In occluder supporter 11 and in its method of attachment, the same effects and functions are performed as by occluder supporter 1 and in its method of attachment. Additionally, because two supports 7,7 are utilized, it is possible to improve the strength of the device over that of occluder supporter 1.

Second Embodiment

FIG.6 is a perspective view showing occluder supporter 21 of the second embodiment of the present invention. Occluder supporter 21 is a device which is installed to the aortic side of the aortic valve in order to prevent valve reflux. Occluder supporter 21 comprises three stitched attachments 25 and a support 27.

Stitched attachments 25 are of a tabular form and are sewn on to each connecting part 24 of occluder 23 of the aortic valve 22 shown in FIG 7. Furthermore, support 27 is installed between stitched attachments 25 in such a way as to transect valve aperture 26, and is of a tripartite rhabdome shape which supports and holds each connecting part 24 in a close position.

The base substance of stitched attachments 25 and support 27 is formed from Titanium. The surfaces of stitched attachments 25 and support 27 are coated with an antithrombotic, antihemolytic ceramic alumina. The antithrombotic, antihemolytic alumina material covers the surface of stitched attachments 25 and support 27. Additionally, the area of attachment of stitched attachment 25 to occluder 23 is covered by a poly tetra fluoroethylene, an organic material which is antithrombotic and antihemolytic.

In addition to Titanium alloy, other appropriate noncorrosive, antithrombotic, antihemolytic metal, such as stainless steel, may be used as the material for stitched

attachments 25 and support 27. Furthermore, in addition to alumina, other biologically compatible, antithrombotic, antihemolytic ceramic, such as hydroxyapatite, may be used as the ceramic. And in addition to poly tetra fluoroethylene, other appropriate antithrombotic, antihemolytic polyester may be used as the organic material.

As shown in FIG.8, support 27 is disposed so as to hold each connecting part 24 of occluder 23 in a mutually close position and so as to transect valve aperture 26, and stitched attachments 25 are sewn on corresponding to each connecting part 24.

Because occluder supporter 21 comprises stitched attachments 25 and support 27 it is possible to create a condition wherein the aortic valve 22 closes completely during the relaxation phase of the left ventricle, accordingly preventing valve reflux.

Because support 27 is a tripartite rhabdome shape, it is possible to improve the strength of support 27 while at the same time reduce the resistance offered with respect to blood flow.

Because the surfaces of stitched attachments 25 and support 27 are covered with an antithrombotic, antihemolytic alumina, it is possible to improve biologic compatibility thus ensuring that occluder supporter 21 itself does not become a cause of thrombosis or hemolysis, and to markedly improve the durability of stitched attachments 25 and support 27.

In stitched attachments 25, because the area of attachment to occluder 23 is covered with a poly tetra fluoroethylene, an antithrombotic, antihemolytic organic material, it is possible to improve the biological compatibility of stitched attachments 25 and to easily carry out the attachment of stitched attachments 25 to occluder 23.

According to the method of attachment of occluder supporter 21, support 27 is disposed so as to hold each connecting part 24 of occluder 23 in a mutually close position and so as to transect valve aperture 26, with stitched attachments 25 being attached corresponding to these

connecting parts 24. For this reason, it is possible to easily and quickly attach occluder supporter 21 to each connecting part 24 of occluder 23.

FIG.9 is a perspective diagram showing a variation on the preferred embodiment of occluder supporter 21.

Occluder 31 is formed from the provision of a triangular rhabdome shaped support 32 in the space between stitched attachments 25, and from the fixing of the top section of support 32 to each stitched attachment 25.

As shown is FIG. 10, occluder supporter 31 can be attached to occluder 23 of the aortic valve by the same method as employed for occluder supporter 21.

In occluder supporter 31 and in its method of attachment, the same effects and functions can be performed as by occluder supporter 21 and in its method of attachment. Furthermore, because support 32 is a triangular rhabdome shape it is possible to improve the strength of support 32 while at the same time to decrease the resistance offered to blood flow.

CLAIMS

1. An occluder supporter which is provided to the heart valve of a mammalian heart in order to prevent the occurrence of valve reflux, the characterising feature of said occluder supporter being the provision of a plurality of stitched attachments which are sewn on to the edge of the occluder and with a support which is provided between the said stitched attachments in such a way as to traverse the valve aperture, and said support supporting and maintaining the edges of said stitched attachments in a mutually close position.
2. An occluder supporter which is provided to the atrial side of the ventricle valve of a mammalian heart in order to prevent the occurrence of valve reflux, the characterising feature of said occluder supporter being the provision of a pair of stitched attachments which are sewn onto the contralateral sides of the occluder and with a support which is provided between the said stitched attachments in such a way as to traverse the valve aperture, said support supporting and maintaining said contralateral edges in a mutually close position, and said support bending in such a way as to protrude out on the atrial side.
3. An occluder supporter which is provided to the aortic side of the aortic valve of a mammalian heart in order to prevent the occurrence of valve reflux, the characterising feature of said occluder supporter being the provision of at least 3 stitched attachments which are sewn onto each connecting portion of the occluder, and with a support which is provided between the said stitched attachments in such a way as to traverse the valve aperture, said support

supporting and maintaining each connecting portion in a mutually close position.

4. An occluder supporter as claimed in Claim 2
5 or Claim 3, wherein the support has a rhaddome shape.

5. An occluder supporter as claimed in Claim 2
or Claim 3, wherein the support has a stream-lined
cross section..

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6. An occluder supporter as claimed in Claim 2,
wherein a plurality of supports is provided in
parallel in the space between said stitched
attachments.

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7. An occluder supporter as claimed in Claim 3,
wherein the support is of a tripartite rhabdome shape
and said stitched attachments are fixed respectively
to each edge of said support.

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8. An occluder supporter as claimed in Claim 3,
wherein the support is of triangular shape and said
stitched attachments are fixed respectively to each
apex of said support.

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9. An occluder supporter as claimed in any of
Claims 2 to 8, wherein the stitched attachments have a
width greater than that of said support.

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10. An occluder supporter as claimed in any of
Claims 2 to 9, wherein said occluder supporter is
formed from antithrombotic and antihemolytic material.

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11. An occluder supporter as claimed in Claim 10,
wherein at least the surface of said occluder
supporter is covered by a ceramic material.

12. An occluder supporter as claimed in Claim 11, wherein the principle component of said ceramic is alumina.

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13. An occluder supporter as claimed in Claim 10, wherein at least the area of attachment between said stitched attachments and said occluder is covered by an antithrombotic, antihemolytic organic material.

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14. An occluder supporter as claimed in Claim 13, wherein the principle component of said organic material is one of either polytetrafluoroethylene or polyester.

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15. A method of attachment of an occluder supporter as claimed in any of Claims 1 to 14, wherein said support supports and maintains the edges of the occluder of a mammalian heart valve in a mutually close position, said support being disposed so as to traverse the aperture of said valve, and wherein said stitched attachments are sewn on to said edges of said occluder.

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16. A method of attachment of an occluder supporter as claimed in any of Claims 1 to 14, wherein said support supports and maintains the contralateral edges of the occluder on the atrial side of the ventricle valve of a mammalian heart in a mutually close position, said support being disposed so as to traverse the aperture of said valve, and wherein said stitched attachments are sewn on to said contralateral edges of said occluder.

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17. A method of attachment of an occluder supporter as claimed in any of Claims 1 to 14, wherein

said support supports and maintains each connecting part of said occluder on the aortic side of the aortic valve of a mammalian heart in a mutually close position, said support being disposed so as to
5 traverse the aperture of said valve, and wherein said stitched attachments are sewn on to said connecting parts of said occluder.

18. An occluder supporter for the heart valve of
10 a mammalian heart substantially as described with reference to and as illustrated in Figures 1 to 3 or Figures 1 to 3 as modified by Figure 4 or Figure 5 of the accompanying drawings.

15 19. An occluder supporter for the heart valve of a mammalian heart substantially as described with reference to and as illustrated in Figures 6 to 8 or Figures 6 to 8 as modified by Figure 9 or Figure 10 of the accompanying drawings.

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Patents Act 1977

Examiner's report to the Comptroller under
Section 17 (The Search Report)

- 15 -
Application number

9206001.1

Relevant Technical fields

(i) UK Cl (Edition K) A5R (RAP)

(ii) Int CL (Edition 5) A61F 2/24

Search Examiner

R J WALKER

Databases (see over)

(i) UK Patent Office

(ii)

Date of Search

30 JUNE 1992

Documents considered relevant following a search in respect of claims

1 TO 14, 18, 19

Category (see over)	Identity of document and relevant passages	Relevant to claim(s)
A	GB 1293014 (RHONE-POULENC S.A.) - see eg drawings	
A	EP 0257874 A (BAXTER TRAUENOL LABORATORIES, INC) - see eg Figure 1	

Category	Identity of document and relevant passages	Relevant to claim(s)

Categories of documents

X: Document indicating lack of novelty or of inventive step.

Y: Document indicating lack of inventive step if combined with one or more other documents of the same category.

A: Document indicating technological background and/or state of the art.

P: Document published on or after the declared priority date but before the filing date of the present application.

E: Patent document published on or after, but with priority date earlier than, the filing date of the present application.

&: Member of the same patent family, corresponding document.

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